

REPORTS INVENTORY

CONTROL NO.

PREPARE IN DUPLICATE

DDS-OTR-LS-19

1. TITLE OF REPORT (if a fill-in report include Form No.)

STUDENT ACCEPTANCE LIST

2. TYPE
OF
REPORT

XXX	STATISTICAL
	NARRATIVE
	MACHINE-NAME LISTING

3. FUNCTIONAL AREA

PERSONNEL

XX

TRAINING

LOGISTICS

SECURITY

MEDICAL

FINANCE

ADMIN. GENERAL

OTHER (specify)

4. NO. OF COPIES PREPARED

2

5. FREQUENCY (weekly, monthly, quarterly, etc.)

Every two months

6. DISTRIBUTION (No. of components not number of copies)

1

7. FORMAT (memorandum, form computer print-out, etc)

8. ADP PROCESSING

YES

IF YES GIVE ADP PROCESSING NO.

XX

NO

9. DIRECTIVE AUTHORITY REQUIRING REPORT

Verbal

10. PREPARING COMPONENT (include lowest level contributing information to report)

DDS/OTR/LT

11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)

none

12. COST FACTORS

A. MANUAL PREPARATION AND REVIEW COSTS

GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED	=	COST PER YEAR
GS-07	4.50		.25		1.13		6		6.78

B. COSTS OF COMPUTER PRODUCED REPORTS

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TOTAL COSTS PER YEAR

\$6.78

13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.

AIR requested that students approved for training be listed by Log No.'s including beginning dates, course schedules, recommendations for external training or cancellations on one complete sheet. This was/is called the Student Acceptance Information Sheet.

14. FUTURE GOALS

GOAL PROPOSED BY COMPONENT FOR THIS REPORT

ESTIMATED SAVINGS

☒ RETAIN AS IS
 ☐ OTHER (explain)

MAN-HOURS

DOLLARS

CHANGE

0

0

DISCONTINUE

STAT

16. DATE OF INVENTORY

17. NAME AND TITLE OF PERSON FURNISHING INFORMATION

18. EXTENSION

1 September 70

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Registrar/LS

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